24/48 HOUR NOTICE OF INDEPENDENT EXPENDITURES

SCHEDULE E)	PAGE 1 OF 1 FOR SE OF FORM 24/48
NAME OF COMMITTE (In Full)	FEC IDENTIFICATION NUMBER ▼
Majority PAC	C 000404040
	C C00484642
Check If X 24-hour report 48-hour report New report Amends report	filed on Mam / Dab / Yayayay
Full Name (Last, First, Middle Initial) of Payee	Date
Mack Crounse Group	10 22 2012
Mailing Address 2001 N Beauregard Street	
Suite 420	Amount
City State Zip Code	35319.13
Alexandria VA 22311	Transaction ID : D420044
	Office Sought: House State: MT
Direct Mail Type	Senate District:
Name of Federal Candidate Supported or Opposed by Expenditure:	President
	Check One: Support X Oppose
	Dishuraamant Fari Drimanu VI Canaral
	Disbursement For: Primary General Other (specify)
Full Name (Last, First, Middle Initial) of Payee	Date
	M M / D D / Y Y Y
Matter a Address	
Mailing Address	Amount
	Amount
City State Zip Code	
Purpose of Expenditure Category/	Office Sought: House State:
Type	Senate District:
Name of Federal Candidate Supported or Opposed by Expenditure:	President ———
	Check One: Support Oppose
Octor de West To Date Bes Florifes	Disbursement For: Primary General
Calendar Year-To-Date Per Election for Office Sought	
ioi oinoc oodgiit	Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditures	35319.13
(b) SUBTOTAL of Unitemized Independent Expenditures	·
	7 7 7
(c) TOTAL Independent Expenditures	35319.13
	7 7
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent	
party committee) any political party committee or its agent.	
Rebecca Lambe [Electronically Filed] Date	10 23 2012
Signature	

10/23/2012 17:11